

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

JAMPAC

ADDRESS (number and street) ▼

12485 SW 137TH AVE.

SUITE 205

☐ Check if different than previously reported. (ACC)

MIAMI

FL

33186

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00609750

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 04 01 2016 through M M M / D D D / Y Y Y Y Y Y 06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Elizabeth Beck

Signature of Treasurer Elizabeth Beck

[Electronically Filed]

Date

07

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

JAMPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	8782.85	
(c) Total Receipts (from Line 19)	7840.00	22850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16622.85	22850.00
7. Total Disbursements (from Line 31)	10803.59	17030.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5819.26	5819.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

JAMPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
04	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5500.00

20500.00

(ii) Unitemized

2340.00

2350.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7840.00

22850.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

7840.00

22850.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

7840.00

22850.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

7840.00

22850.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	97.15
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	97.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	10803.59	16933.59
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10803.59	17030.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10803.59	16933.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7840.00	22850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7840.00	22850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JAMPAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Beck

Mailing Address 19450 SW 167 Ave.

City
Miami

State
FL

Zip Code
33187

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5026.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. jack sholl

Mailing Address 651 okeechobee blvd.

City

west palm beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

5500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Mark Campbell		<input type="checkbox"/> Memo Item	
Mailing Address digitalmc.mark@gmail.com		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City Covington	State KY	Zip Code 41011	Amount 750.00
Purpose of Expenditure advertising	Category/ Type 004	Transaction ID : SE.4166 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 19 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 9610.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Kim Connell		<input type="checkbox"/> Memo Item	
Mailing Address 603 elm ave.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City takoma park	State MD	Zip Code 20912	Amount 840.00
Purpose of Expenditure advertising	Category/ Type 004	Transaction ID : SE.4167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 22 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 10453.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1590.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Elizabeth Beck</i>		Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 8 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Daniel DeVivo		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2900 11th St. NW Apt. A				M M / D D / Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20001	Amount 350.00		
Purpose of Expenditure advertising		Category/ Type	Transaction ID : SE.4158 Date of Disbursement or Obligation		
		004	M M / D D / Y Y Y Y Y Y 04 / 05 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		6480.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Daniel DeVivo		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2900 11th St. NW Apt. A				M M / D D / Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20001	Amount 350.00		
Purpose of Expenditure advertising		Category/ Type	Transaction ID : SE.4160 Date of Disbursement or Obligation		
		004	M M / D D / Y Y Y Y Y Y 04 / 12 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		7080.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee branden eastwood			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 155 Cecil B. Moore Ave.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">334.00</div>		
City Philadelphia		State PA	Zip Code 19122		Transaction ID : SE.4302
Purpose of Expenditure advertising		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee John Haas			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 3645 N. 7th Ave. 38B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">480.00</div>		
City Phoenix		State AZ	Zip Code 85013		Transaction ID : SE.4162
Purpose of Expenditure advertising		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 04 / 18 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">814.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Elizabeth Beck			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 18 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee John Haas		<input type="checkbox"/> Memo Item	
Mailing Address 3645 N. 7th Ave. 38B		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City Phoenix	State AZ	Zip Code 85013	Amount 250.00
Purpose of Expenditure advertising		Category/ Type 004	Transaction ID : SE.4306 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 09 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		16077.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Niko House		<input type="checkbox"/> Memo Item	
Mailing Address Unknown		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City New York	State NY	Zip Code 00000	Amount 1.00
Purpose of Expenditure travel and investigation		Category/ Type 002	Transaction ID : SE.4174 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 18 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		12161.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		251.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Elizabeth Beck</i>		Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Niko House		<input type="checkbox"/> Memo Item	
Mailing Address Unknown		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City New York	State NY	Zip Code 00000	Amount 1199.00
Purpose of Expenditure travel & investigation		Category/ Type 002	Transaction ID : SE.4178 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 18 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		13610.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Niko House		<input type="checkbox"/> Memo Item	
Mailing Address Unknown		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City New York	State NY	Zip Code 00000	Amount 332.89
Purpose of Expenditure travel and investigation		Category/ Type 002	Transaction ID : SE.4181 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 20 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		14043.31	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....		1531.89	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Elizabeth Beck</i>		Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Niko House		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address Unknown				Amount 1200.00	
City New York	State NY	Zip Code 00000		Transaction ID : SE.4183	
Purpose of Expenditure travel & investigation		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 05 / 27 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		15493.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Indiegogo		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 965 Mission St.				Amount 1.71	
City san francisco	State CA	Zip Code 94103		Transaction ID : SE.4156	
Purpose of Expenditure fees		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 04 / 20 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		9611.71		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1201.71
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Date

MM / DD / YYYY
07 / 18 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Indiegogo			<input type="checkbox"/> Memo Item		
Mailing Address 965 Mission St.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City san francisco		State CA	Zip Code 94103		Amount 1.71
Purpose of Expenditure fees		Category/ Type 001		Transaction ID : SE.4310 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 20 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 9613.42			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Indiegogo			<input type="checkbox"/> Memo Item		
Mailing Address 965 Mission St.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City san francisco		State CA	Zip Code 94103		Amount 76.44
Purpose of Expenditure fees		Category/ Type 001		Transaction ID : SE.4311 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 16 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 16653.75			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					78.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Elizabeth Beck</i>			Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lamp Left Media			<input type="checkbox"/> Memo Item		
Mailing Address 1205 E Moreland St			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City Phoenix		State AZ	Zip Code 85006		Amount 150.00
Purpose of Expenditure advertising		Category/ Type 004		Transaction ID : SE.4307 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			16577.31		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Reed Lindsay			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 597			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City Ketchum		State ID	Zip Code 83340		Amount 800.00
Purpose of Expenditure advertising		Category/ Type 004		Transaction ID : SE.4163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 18 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			8610.00		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶					950.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Elizabeth Beck</i>			Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Reed Lindsay			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 597			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City Ketchum		State ID	Zip Code 83340		Amount 957.00
Purpose of Expenditure advertising		Category/ Type	Transaction ID : SE.4172 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 03 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		11910.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee PayPal			<input type="checkbox"/> Memo Item		
Mailing Address 2211 N. 1st St.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
City San Jose		State CA	Zip Code 95131		Amount 29.84
Purpose of Expenditure fees		Category/ Type	Transaction ID : SE.4355 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		16933.59		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			986.84		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Elizabeth Beck</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 07 / 18 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Trusted Translations			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 66 W. Flagler St. #1200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>		
City Miami		State FL	Zip Code 33130		Transaction ID : SE.4179
Purpose of Expenditure advertising		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 05 / 18 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Danielle Underhill			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 06 / 02 / 2016		
Mailing Address 2990 11th St. NW Apt. A			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">0.00</div>		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.4301
Purpose of Expenditure advertising		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Elizabeth Beck			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 18 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				M M / D D / Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4159 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 05 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		6730.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				M M / D D / Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4161 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		7330.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00609750 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4165	
				Date of Disbursement or Obligation	
				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 19 / 2016 </div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____	
				<input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		8860.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
				2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4169	
				Date of Disbursement or Obligation	
				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 04 / 29 / 2016 </div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____	
				<input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		10703.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
				2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 22
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC		FEC IDENTIFICATION NUMBER ▼ C C00609750
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 2990 11th St. NW Apt. A			Amount 250.00
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4171
Purpose of Expenditure advertising	Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 03 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		10953.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 2990 11th St. NW Apt. A			Amount 250.00
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4173
Purpose of Expenditure advertising	Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 12 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		12160.42	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00609750 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4177 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 18 / 2016 </div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 12411.42 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Danielle Underhill		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination	
Mailing Address 2990 11th St. NW Apt. A				<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
City Washington	State DC	Zip Code 20001		Amount 250.00	
Purpose of Expenditure advertising		Category/Type 004		Transaction ID : SE.4182 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 05 / 27 / 2016 </div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 14293.31 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 500.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00609750 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Danielle Underhill		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 2990 11th St. NW Apt. A		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 250.00 </div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4305 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Purpose of Expenditure advertising	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 16427.31 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item Danielle Underhill		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 2990 11th St. NW Apt. A		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 250.00 </div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4309 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Purpose of Expenditure advertising	Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 16903.75 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 500.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth Beck
[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 22
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JAMPAC			FEC IDENTIFICATION NUMBER ▼ C C00609750		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Ricardo Villalba			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 1917 Capitol Ave. NE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>		
City Washington		State DC	Zip Code 20002		Transaction ID : SE.4304
Purpose of Expenditure advertising		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 06 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16177.31</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>					
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10803.59</div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Elizabeth Beck</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 18 / 2016</div>		

[Electronically Filed]